

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or the below named inventors believe they are the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, "BIOLOGICAL ACTIVE COATING COMPONENTS, COATINGS, AND COATED SURFACES" the specification of which:

 X is attached hereto.
 was filed on _____, as Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			Priority <u>Claimed</u>
			Yes/No
<u> N/A </u>			
(Number)	(Country)	(Date Filed)	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information known to me to be material to the patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, §1.56, which become available between the filing date of the prior application and the national or PCT international filing date of this application:

<u> N/A </u>		
(Application Serial No.)	(Filing Date)	(Status)
<u> </u>	<u> </u>	<u> </u>
(Application Serial No.)	(Filing Date)	(Status)

I hereby claim the benefit under title 35, United States code §119(e) of any United States provisional application(s) listed below:

<u> 60/409,102 </u>	<u> September 9, 2002 </u>
(Application Serial No.)	(Filing Date)

The Assignee hereby revokes any previous Powers of Attorney and appoints

C. Steven McDaniel
Jonathan D. Hurt

Reg. No. 33,962
Reg. No. 44,790

each of said attorneys or agents being members or associates of the firm of McDaniel & Associates, P.C., as attorney or agent for so long as they remain with such company or firm, with full power of substitution and revocation, to prosecute the application, to make alterations and amendments therein, to transact all business in the Patent and Trademark Office in connection therewith, and to receive the Letters Patent.

Please direct all communications as follows:

C. Steven McDaniel
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I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Full Name: C. Steven McDaniel
(First) (Initial) (Last)

Inventor's Signature: _____ Date: _____

City and State (or Foreign Country) of Residence: Austin, Texas Citizenship: USA

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Inventor's Full Name: _____
(First) (Initial) (Last)

Inventor's Signature: _____ Date: _____

City and State (or Foreign Country) of Residence: _____ Citizenship: _____

Post Office and Residence Address: _____
(Include number, street name, city, state and zip code)